

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 18 1937

36618

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Karr

Primary Registration District No. 1002

City Kansas City Mo. (No. 3558 Pennsylvania)

File No. _____

Registered No. 40219

St. _____ Ward _____

2. FULL NAME Mrs. Henriette Grier Mitchell

(a) Residence, No. 3558 Pennsylvania St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
—(OR) WIFE OF

James M. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 - 20 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 2 8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlotte Michigan

FATHER MOTHER

13. NAME Benjamin J. Grier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

15. MAIDEN NAME Lucracia Loring

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT Mrs. D. K. Dickenson
(ADDRESS) 5613 West 65 Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. MORIAH DATE 10-9-37

19. UNDERTAKER D. J. Newcomer's Sons
(ADDRESS) 1401 Brush Creek

20. FILED Oct 8 1937 M. Morrow
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 7 - 37, 19

22. I HEREBY CERTIFY, That I attended deceased from
Nov, 1932 to Oct 7, 1937

I last saw her alive on Oct 7, 1937. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix
(generalized metastases)

Date of onset
1932

Other contributory causes of importance:

Hemorrhage in carcinoma
Tonsillitis

Date of onset
Oct 6-37

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Herbert A. Anderson, M. D.

(Address) 713 Medical Arts Bldg.

